

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Keep the Promise III, Inc.</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rapid Response Television, LLC - [Memo Item]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2015</b>	
Mailing Address <b>PO Box 36819</b>		Amount <b>600.00</b>	
City <b>Canton</b>	State <b>OH</b>	Zip Code <b>44735</b>	Transaction ID : <b>SE.4352</b>
Purpose of Expenditure <b>Digital Media Production/Placement</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2015</b>	
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Rapid Response Television, LLC - [Memo Item]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2015</b>	
Mailing Address <b>PO Box 36819</b>		Amount <b>300.00</b>	
City <b>Canton</b>	State <b>OH</b>	Zip Code <b>44735</b>	Transaction ID : <b>SE.4353</b>
Purpose of Expenditure <b>Digital Media Production/Placement</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2015</b>	
Name of Federal Candidate <b>RAFAEL EDWARD 'TED' CRUZ</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>900.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 20 / 2015**

Signature